N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH County Williamico

5354

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. \$36

Vi	FULL NAME SLOVOR COM	St; Ward)	[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	EATH
3 SE		16 DATE OF DEATH Conil 6 (Month) 17 I HEREBY CERTIFY, That I at	(Day) (Year)
î	(Month) (Day) (Year)	that I last aaw h com alive on Amil 5	, 191.3.
7 AG	If LESS than 1 day,hrs.	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	ove, at all le m,
par (b) bush white	Trade, profession, or ticular kind of work Beneral nature of industry, ness, or establishment in the employed (or employer) RTHPLACE ate or country)	Contributory Commence (Secondary)	yrs. / mos. — ds.
TS	10 NAME OF FATHER STATE	(Signed) Nobut Ellegand April 7 (, 1913 (Address) Filmen) N. D.
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the	2) whether ACCIDEN-
	(Informant) Will Smith	Where wes disease contracted, If not at place of death? Former or usual residence	
15 File	(Address) belings ad April 2, 1913 W 1 burn REGISTRAR	Chercy Ceruley At 20 UNDERTAKER elle IN Elus	parte of Burial fruit 8, 1915 DDRESS Selvia
STATENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Add Apacl 2, 191 2 M J Burner ON J Bur	(Signed) Shout Eulega on Committee Causes, state the Disease Causing Death, or, in Causes, state (1) Means of Injury; and	deaths from VIOLENT 2) whether ACCIDEN STITUTIONS, TRANSIENT YIS,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of ill-Servent, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," For persons "Foreman," (4)

Statement of cause of death.—Name, first, the disease causing death.—Name, first, the disease causing death, affection with respect to time and causation), using divays the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epideuic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Aiways qualify all diseases resulting from mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cer" is iess definite; avoid use of "Tumor" for malts. oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acch such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronia The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

BINDING FOR RESERVED MARGIN

W. B. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

	Unity Manticope (No.	STATE OF MARYLAND CERTIFICATE OF DEATH RegIstered No. 3 3 2 [If death occurred in a hospital or institution, give its NAME lostead
	* FULL NAME Milared 10 /2	ancley of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	umali 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWCOLD, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year	
7 AC	15 LESS 11 day,	The CAUSE OF DEATH * was as follows:
(a) par (b) busi	CCUPATION Trade, profession, or dicular kind of work General nature of industry, ness, or establishment in the amployed (or employer)	(Ouration) yrs. 4 mos. ds.
-	RTHPLACE (ate or country) Many Canad	Gontributory (Secondary) (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Manual Ma	(Signed)
PARI	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Information	Where was disease contracted, if not at place of death? Former or usual residence.
16 File	(Address) 1918 Lot Mallon REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS Breaky Val
	If more blanks are needed, address State Royle	trap & F. Franklin St. Dalta Baquartlan V. S. No. 1

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

unaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid llousckccpers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; eases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question Housewifc, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia." "PUERPEBAL peritonitis," etc. childbirth or misearriage, as "Puenpenal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio etc., when a definite disease can be ascertained as the "Heart failure." "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conlienia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can-State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 5356	STATE OF MARYLAND
County Mesonico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City & also will (No. 5, 2FULL NAME /of named) /5,	Poorsom biost; Ward) [It death occurred to a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sugli MARRIED, WIDOWED, ORDIVORGED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h ex allve on africe 20, 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 2 m. The CAUSE OF DEATH* was as follows:
(a) Trede, profession, or particular kind of work. (b) Generel nature of industry,	
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Alerbary Md.	Contributory Claration yrs mos costs (Secondary) (Duration) yrs mos ds
10 NAME OF Halter & Brewington 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) M. D. M.
OF FATHER (State or country) Salsbury Md. 12 MAIDEN NAME OF MOTHER HAMMAL SIN SILB	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Somersel Co. Male	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) H. Brangton	Where wes disease confracted, If not at piece of death? Former or usuel residence
(Address) Daluly md	19 PLACE OF BURIAL OR REMOVAL ALL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Files Movila, 1913 N Survey	Sec. C. Full Salisbury
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons

losis of lungs, men pneumonia"); "Croup"); Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing peath (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE for the same disease. Lobar nnqua fever Examples: Cerebrospinal (never report "Typhoid is indefinite); Tubercuepia; Bronchopncumonia itonaeum, etc.. Carcin-

> mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral scottchaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." "Tracmia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing affection need not be stated unless important. nant neoplasins); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: For vio-0



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED S. No. 1.

1 11	of DEATH	5357		(1)	STATE C	OF MARY	
County J. J. J	0.0			18/	Registr	ation Dist.	No. 334
Villager City.	Salisbu AME Mary	y Me (No.	se			Ward)	[If death occurred in a hospital or institution give its NAME Instead of street and number.]
PERSONA	AND STATISTIC	AL PARTICULAR	s		MEDICAL CERTIF	ICATE OF D	EATH
	While	5 CINCLE	doned		- V	L 2	(Day) , 1913 (Year)
8 DATE OF BIRTH	Sug (Month)	2 4 (Day)	, 1885	that I last saw	/	afris	tended deceased from
7 AGE 2	7 yrs. 8 n	9	If LESS than 1 day,hrs. ORmin.?		occurred on the da F DEATH* was as		ove, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Hous	work		Pul	monary	Juber	Culosis
(b) General nature of in business, or establishm which employed (or emp	ent In			••••	(Ou		kerown yrsmosds
9 BIRTHPLACE (State or country)		Mel		Contributor (Secondary		www.at-w	yrsds
10 NAME OF FATHER	George	Sveman	·	(Signed)	1, 191 3. (Address)	Sali	sbuy In d
OF FATHER (State or co	untry)	Me	,	*State the CAUSES, state TAL, SUICIDA	DISTAND CAUSING De (1) MEANS OF IN L, or HOMICIDAL.	EATH, or, in JURY; and (deaths from VIOLENT 2) whether Acciden-
13 BIRTHPLAC OF MOTHER (State or cour	swy	Md		of death yr	s mos ds.	in the	Yrs, mos ds
(Intermant)	M & SN	OF MY KNOWLE	DGE	Former or usual residence	e contracted, death?	••••••	
(Address)	Salsbury 8. 1913	, Md		19 PLACE OF Corson 20 UNDERTAI	BURIAL OR REMO	A,	ATE OF BURIAL
	J. Bodeee e blanks are neede	1 Julian	REGISTRAM Regis trar, 6	7	Balton Requesting	V. 8. No. 1	ulisbury Md

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meminges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUESPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerrai scottchaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile," etc.), may he stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for death), 29 ds.: Examples:



	should ion is
RECORD	HYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	3.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

state

STATE OF MARYLAND PLACE OF DEATH 5358 CERTIFICATE OF DEATH Registration Dist. No.333 Ilt death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX MARRIED, Married WIDOWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That, I attended deceased from (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory WW 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER (Address) PARENTS OF FATHER *S; te . DISEASE CAUSINO DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. Where was disease contracted. if not at place of death? Former or usuai residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreman scotichae mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carholic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions." "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



PERMANENT FADING

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carefully #

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proper

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certificate.

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Instructions information

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CAUSE

OCCUPATION

RECORD

STATE OF MARYLAND PLACE OF DEATH 5359 County Wreamise CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution. give its NAME instead E Callins of street and number.1 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIOOWEO, (Month) (Day) OROIVORCEO I HEREBY CERTIFY, That I attended deceased from 853 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) yrs. ... Where was disease contracted If not at place of death? usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADORESS REGISTRAR

1913

(Year)

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balfo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite discase can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con thenla," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 da.: affection need not be stated unless important. Ex valvular heart disease; Ohronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL schichae-(name origin; "Can-Never report Examples: For vio-



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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly AGE piain instructions DEATH ö Item OF Every item CAUSE OF important.

16

1 PLACE OF DEATH County.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

	FULL NAME	Javes St
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA
3 38	Male Color or RACE Single, Married, Single Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 D	ATE OF BIRTH April 8 th, 19/3 (Month) (Day) (Year)	that I last saw h
7 A	1	and that death occurred The CAUSE OF DEATH
(a) par (b) bus whi	CCUPATION) Trade, protession, or cliquiar kind of work. General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country)	Contributory (Secondary)
RENTS	10 NAME OF FATHER Warren Davis 11 BIRTHPLACE OFFATHER (State or country) Selbyville Del, 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 OFFATHER (STATE OF COUNTRY) Selbyville Del,	(Signed) , 191 3 *State the DISEASE (CAUSES, State (1) MEATAL, SUICIDAL, or HOM
147	OF MOTHER Of a Taylor 13 BIRTHPLACE OF MOTHER (State or country) Belin Mol. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arren Davis	18 LENGTH OF RESIDER OR RECENT RESIDENTS At place of death yrs
	Lalisbury Md.	19 PLACE OF BURIAL C

MEI	DICAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Um		, 1913
	(Month)	(Day)	(Year)
17, I HE	EREBY CERTIFY That	I attended de	seased from
Born d	EREBY CERTIFY That	- 8	1913.
that I last saw h	alive on	d above, at	9 G m
	ATH * was as follows:		
Bon	n lead	,	******************
Journa	ain be		
(/			
Contributory (Secondary)	(Duration)	yrs	os ds.
********************************	(Duration)	vre or	nne de
(Signed)	20 D. U)auce	M n
Offret , 191	13 (Address) RA	lican	me
*State the DISE CAUSES, state (1) TAL, SUICIDAL, OF	ASE CAUSING DEATH, OF MEANS OF INJURY; as HOMICIDAL.	, in deaths from	D VIOLENT
18 LENGTH OF RES	SIDENCE (FOR HOSPITALI	. Institutions,	TRANSIENTS,

In the

... ds.

State yrs. mos. ds

DATE OF BURIAL

..... yrs. mos.

20 UNDERTAKER

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age been changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not mine, etc. statement. It should be used only when needed. As examples: the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the niseable causing nearii (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

genitai," childbirth or miscarriage as "Puerperal scottchaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -li art fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Traemla," "Weakness," (name origin; "Can State cause for death), 29 ds.: Examples: For vio-01



BINDING 00 0 ERV Œ MARGIN

PHYSICIANS RECORD PERMANENT EXACTLY. 4 pe should supplied. UNFADING be pinous information WRITE 50 PLACE OF DEATH

state Very CERTIFICATE OF DEATH rule 5361 should in Registered No OCCUPATION Ilt death occurred to .Ward) a hospital or lostitution, give its NAME lostead of street and cumber.) 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 Exact 6 DATE OF BIRTH that I last saw hour alive on ciassified. (Month (Day) (YCRT) TAGE It LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF OR 7 properly BOCCUPATION (a) Trade, protession, or particular kind of work (b) Beneral nature of Industry, be business, or establishment in (Duration) msy which employed (or employer) Gontr/butory..... certificate. ⁹BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER (Signed) 80 of back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place lo the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ State yrs. EATH _ ds. Where was disease contracted. If not at place of death?... 0 Former or Item OF usual residence. mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address 15 20 UNDERTAKER ADDRESS Filed S m REGISTRAR ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

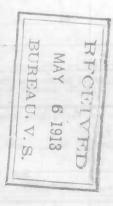
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as scation, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," -Coal

losis of lungs, meninges, peritonacum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pncumonia," unqualified, is indefinite); "Croup"); brospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid Diphtheria (avoid use of Tubercu-Carcin-

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of Accidental drowning; Struck by railicay train—aecl-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: For vio-



PLACE OF DEATH 300%	STATE OF MARYLAND
Was might Ponyage &	eneral Hospital CERTIFICATE OF DEATH
County II LCD Y VIACO	Registration Dist. No. 333
Village or City Salisbury (No. 13	Camela Servi Ward) [If death occurred in a hospital or institution,
FULL NAME anna Lor	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REMEDLE White Single, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That, I attended deceased from
GDATE OF BIRTH Jan 30 1858	afrail of 1018 in aprail 16 103
(Month) (Day) (Year)	that I last saw have allve on fluid 6 191 3
7 AGE If LESS tha	mind that death occurred on the date stated above, at
55 yrs. 2 mos. 16 ds. OR min.?	I INC GAUSE OF DEATH'S WAS AS TOLLOWS:
8 OCCUPATION	autral Thurshage
(a) Trade, profession, or at horse	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yra, mgs. ds.
BIRTHPLACE (State or country) Hi chiqan	Contributory Items Scleros with
10 NAME OF John & Jarbell	(Signed) (Duration) yrs mos ds.
M 11 BIRTHPLACE	- afile 16, 1913 (Address) Valistin my
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Marrors # 15	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Marion &	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos / S tate yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Jones Rev. M. J.
(Informant)	Former or usual residence. Torrest Co, new
(Address) Princes onny 4a	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File Opril 17 1813 N P Jurne	20 UNDERTAKER ADDRESS
REGISTRAR	Thisped by Seo. E. Hell Salisbury
If more blanks are needed, address State Regis trar,	6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. 8. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrement scottichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Deblity" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplacins); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemla," "Weaknesa," (name origin; "Candeath), 29 ds.: State cause for Examples:



0 0 PHYSICIANS shoul RECORD PERSONAL AND STATISTICAL PARTICULARS ENT 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. MAN WIDOWED, WOOW, DRDIVDRCED (Write the word) 6 DATE OF BIRTH classifled. (Day) (Month) (Year) if LESS than 7 AGE should f day,hrs. 6 OCCUPATION AG (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country carefully = that MARGIN terms, PARENT should plain Instructions of information DEATH in plai WRITI item 10 Every item CAUSE OF important. 15 8 z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) HEREBY CERTIFY, That i attended deceased from and that death occurred on the date stated above, at The CAUSE OF Contributory (Secondary) (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS At place In the of death yrs. .. State mos. ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Caal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an minc, etc. statement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing death—in any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee ou Nomencla "Contributory." schsis, tctanus) such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Wcakness." genital," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train—accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples: 01



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. BINDING AGE should be stated E properly classified. Exact FOR UNFADING INK-THIS RESERVED of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. MARGIN PLAINLY, WITH GAUSE OF Important. S

V. S. No. 1.

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PLACE OF DEATH 5364	STATE OF MARYLAND
1/1/2	CERTIFICATE OF DEATH
County County	Registration Dist. No. 336
Village or City Cellury (No,	St.; Ward) [If death occurred in a hospital or institution,
60.	give its NAME instead of street and number.
FULL NAME Character C	Ima Had Sock
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Sungle	(Month) (Day (Year)
Temale White (Write the word)	17 , 1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Ciprol 6 1913, to Ciprol 16 1913,
(Month) (Day (Year)	that I last saw hely allycon desille 1913
⁷ AGE (Hohen) (Day (Tear)	and that death occurred on the date stated above, at 5 0, m,
3 11 30 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	Λ Λ Λ Λ Λ
BOCCUPATION (a) Trade, profession, or	Double Treumorna
particular kind of work.	
(b) General nature of industry, business, or establishment in	(Russian)
which employed (or employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
Jussex County	(Duration) yrs mos lots.
10 NAME OF FATHER	(Signed) The net M. D.
11 BIRTHPLACE	Jul 24, 1913 (Houress) & Lance
State or country)	The state of the s
OF FATHER (State or country) Wicomico Co. Ma 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Mancy J. Tiskey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	or Recent Residents) At place In the
(State or country) // Conuco Co.	of death yrs mcs ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Unuley & Haddyck	Former or usual residence
Molsey, No. O.	10
(Address)	PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Insien on Mal M)	20 UNDERTAKER ADDRESS
Filed 1919 . Summer PEGISTPAR	he (D) (I) Defet no
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," prospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid Carcin-

> mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic); "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canscpsis, tetanus) may be stated under the head of etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is perpanently field.

MAY 2 1913

Re-sent to

BUREAU, V. S.

RECEIVED

JUL 25 1913

BUREAU, V.S.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N OCCUPATION If death occurred in PHYSICIANS a hospital or institution. RECORD give its NAME Instead of street and number. 1 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 18 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, Chr WIDOWED, (Month) (Day) (Year) OROIVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day, hrs. OR min. ? proper BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry, be business, or establishment in may which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) ō back 11 BIRTHPLACE ENT pino OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) in the of Infor Where was disease contracted 14 THE ABOVE IS TRUE Item OF mportant. Every CAUSE DATE OF BURIAL 15, 191*3*. 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-road statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional fine is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," Farmer or Planter, As examples: For persona

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); "Croup"); Typhoid fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonla," brospinal Statement of cause of death-Name, first, the DISEASE for the same diseasc. meningitis"); Diphtheria Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercufever Examples: Cerebrospinal (never report "Typhoid (avold use

> inus," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreman scotichaeetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. injury, as fracture of skull and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of muy be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: 10



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WRITE PLAINLY, WITH

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RECORD

PERMANENT

4 2 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Salisbury (No. 2FULL NAME Bertha Elizabeth	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 34 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from 22, 1913, to Usual 1913, that I last saw humalive on 1913.
TAGE If LESS than 1 day,hrs. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.	and that death occurred on the date stated above, at 7 m, The CAUSE OF DEATH* was as follows: Spin — with Treumonne.
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
OF FATHER George P. Kersey 11 BIRTHPLACE OF FATHER (State or country) 12 Mailden NAME OF MOTHER OF MOTHER	(Signed) (Address) (Suration) yrs. mos. ds. (Signed) (Address) (Cales Suration) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Delaware	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Hrancis A. Hillman (Address) Salisbury Md.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL (A)
Flied. April 2" 191.3 REGISTRAN If more blanks are needed, address State Regis trar, 6	Dalisbury Mol. Jan. 3rd 2-30 1.78. 20 UN DERTAKER Let. Lo. Herel Dalisbury Mol. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman. (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," cause of death approved by Committee on Nomencia childbirth or miscarriage. as "Purrperal scotichaeture of the American Medical Association.) "Contributory." sepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Collapse." "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nent neopiasms); Measles; Whooping cough; Chronic her" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Old Age," "Shock." livays qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Candeath), 29 ds. State cause for the head Examples:



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OCCUPATION RECORD ofo PERMANENT EXACTLY classified. U properly 5 supplied 10 back terms pinons plain Instructions information ATH of DE Item OF mportant. Every

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... a hospital or institution. give its NAME inslead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, narries 3 SEX MARRIED, ORDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory ⁹ BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER contracted 15 20 UNDERTAKE ADDR REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many mine, etc. (a) Spinner, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutossis of lungs, meninges, periionaeum, etc.. Carcin-

mus," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) such, if Impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purrenal scottchacetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never repor The contributory (secondary or Intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: 30



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

	PLACE OF DEATH	P-G Hos	filal STATE OF MAR	
Gou	nty Wacowie		CERTIFICATE OF	DEATH
Jour	106	5368	Registration Dist	No. 333
Villi	age or City Salisbury 2FULL NAME Silas	Mel (No./3.	Ward)	[If death occurred In a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	6. 46.6	MARRIED, Suigle (INDIVORCED Write the word)	16 DATE OF DEATH Sprid	(Day) , 1913 (Year)
6 DAT	E OF BIRTH	1865	that I last saw h malive on Amil	tended deceased from 1913,
	LAS yrs mos.	(Day) (Year) If LESS than 1 day,hrs. ds. ORmin.?	and that death occurred on the date stated ab	ove, at 9 9 m.
particu (b) Ge busines which	ade, profession, or what will be some a country to the country to	leL	Gontributory Chronic sution (Secondary)	yrs. mos 2 08.
ENTS	ONAME OF FATHER LENRY A BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER	Md	(Signed) (Signed) (Signed) (Signed) (Address) State the Disease Causing Death, or, in Causing, state (1) Means of Injury; and (1) Tal, Suicidal, or Homicidal.	hing Zul
1	3 BIRTHPLACE OF MOTHER (State or country)	Mel	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INION RECENT RESIDENTS) At place in the of death	Letter Mos ds
	tormant) Levin Jame (Address) Socomula	S Gala Mel	If not at place of death? Former or usual residence. Pocurvla C	Ly Just
15 File	0 0.8	PJurner	Pocomuke Esting Md &	DDRESS
	If more blanks are needed,	address State Regis trar, 6	B. Franklin St., Balto., Requesting V. S. No. 1.	orizony Mg

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('ca) "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative Bealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," The question "Foreman," The 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," scpsis, tctanus) mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite disease can be ascertained as the -Kart failure," "Haemorrhage," "Inanition," "Maras. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chroniu oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic ocid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig The contributory "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing "Senile." may be stated under the head of (Recommendations on statement of etc.), or Homicidal, or as probably (secondary or intercurrent) "Dropsy," "Exhaustion," "l'UEBPERAL schtichae-(name origin; "Can death), 29 ds. Never report Examples:



PERMANENT UNFADING INK-THIS PLAINLY, WITH

No. vi carefully supplied. that it may be certificate.

See instructions on back of

Important.

Every item of information should be CAUSE OF DEATH in plain terms, so

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

County Macomies 5

1 PLACE OF DEATH

5369

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 334

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

2FULL NAME Noar 2, Genking of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED.	16 DATE OF DEATH April 3, 1913 (Month) (Day) (Year)			
6 DATE OF BIRTH	17 And 1 HEREBY CERTIFY, That I attended deceased from 23, 1913, to 1913, 1913,			
(Month) (Day) (Year)	that I last saw h Myallve on , 191 , 191			
7 AGE the best can be known to LESS than	and that death occurred on the date stated above, at			
about 64 yrs. mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:			
BOCCUPATION (a) Trade, profession, or particular kind of work. Day Zabores	my arma Belle Healty			
(b) General nature of industry, dbusiness, or establishment in which employed (or employer)	(Duration) yrs. mos ds.			
9 BIRTHPLACE (State or country)	(Secondary) Operation Operation			
10 NAME OF EZEREL Jukins	(Signed) Jun Order Office Mrs. M. D.			
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent			
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place In the			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?			
(Informant) Marcel Bashings	Former or usual residence			
(Address) Salisbury Md	bhanks church Date of BURIAL Shark 5 1913			
Filed Spil 4" 1913. Thoday Jones REGISTRAR	20 UNDERVAKER ADDRESS ALlowers & Leo Lalish MA			
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation bas As examples: For persons

Statement of cause of death—Name, first, the disease causing death—lineary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as wbicb surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Tuesperal scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ ture of the American Medical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the -Kart fallure," "Haemorrbage," "Inanition." "Naras The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Uracmia," "Weakness," (name origin; "Can State cause for Examples: For vio-



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STATE OF MARYLAND PLACE OF DEATH 5370 CERTIFICATE OF DEATH Registered No. Ilf death occurred inWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Wioliv WIDOWED. (Month) (Day) (Write the word) HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above. 1 dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ., 191..... (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ustruvia OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State _____ yrs. ____ mes. Where was disease contracted. If not at place of death? usuai residence. PLACE-OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 30 ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

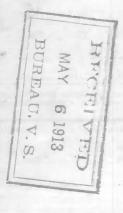


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not pald Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first ilne will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum,

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STATE OF MARYLAND 1 PLACE OF DEATH 5371 CERTIFICATE OF DEATH the come co Registration Dist. No. 333 Ilt death occurred in ...Ward) a hospital or institution, give its NAME Instead of street and number.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Month) (Dav) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 130 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* OR min. ? mos. ds. SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ ds Where was disease contracted. 14 THE ABOVE IS TRUE 10 KNOWLEDGE It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20/UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Rranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not who receive a. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative Lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never efinite salary), may be entered as return "Laborer," The question For persons "Foreman," (d)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); brospinal meningitis"); Diphthcria term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercufever (never report "Typhoid Examples: Cerebrospinal (avoid use of Carcin-

> childbirth or miscarriage, as "Puerperal scotichaeinjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," __ (name origin; "Can-"Exhaustion," Never report Examples:



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STATE OF MARYLAND 5372 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 333 ilf death occurred in a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED, Mare WIDOWED, (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That & attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) tt LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: (a) Trada, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF (Signed FATHER S 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PAR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ... Where was disaase contracted. It not at placa of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 16 ADDRESS REGISTRAR

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[Approved by U. S. Census and American Public Health
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	RECORD	PHYSICIANS should to of OCCUPATION Is
1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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STATE OF MARYLAND 1 PLACE OF DEATH 5373 CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or Institution. give its NAME instead ot street and number.1 ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day hrs. The CAUSE OF DEATH * was as follows: OR ? ds. mos. BOCCUPATION (a) Trade, protession, or narticular kind of work (b) General nature of Industry. business, or establishment in (Duration which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death Yrs. Where was disease contracted. KNOWLEDGE It not at place of death? usual residence. 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

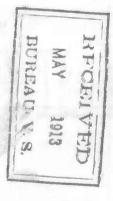
PLACE OF DEATH	STATE OF MARYLAND	
Gounty Meesure 5374	CERTIFICATE OF DEATH	
Village or City Oh Aust (No. 2 FULL NAME Richard	Registered No. [If death occurred a hospital or institution give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Maly Color or RACE Single, Married Widoweo, ORDIVORCED (Write the word)	16 DATE OF DEATH Alonth) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from	
S DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Dec., 1912, to Charles 1913 that I last saw have allow on the 1913	
If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 10, 9 m. The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishmenf in which employed (or employer)	(Duration) yrs. 6 mos. ds	
(State or country) Hickornia 60	Contributory (Secondary) (Duration) yrs mos ds	
10 NAME OF FATHER Stephen Startley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER START MINER	(Signed)	
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death	
(State or country) Worchester 60		
	Where was disease contracted, If not at place of death?	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—state and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. chlidbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailg Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) Aiways qualify all diseases resulting from "Senlie," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name orlgin; "Can The nature of the cause for



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STATE OF MARYLAND 1 PLACE OF DEATH 5375 CERTIFICATE OF DEATH Registration Dist. No. 13 [It death occurred inWard) a hospital or institution. give its NAME instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (onth) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: ORmin. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributor 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENTS OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. ... State Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

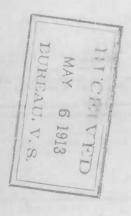
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

futles of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or indust, j. and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Turrerral scotichaemus," "Old Age," "Shock." genital," "Senile." etc.), ture of the American Medical Association.) "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning: Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of _ "Hart failure," "Haemorrhage," "Inanition," "Maras. Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can State cause for Examples: 01



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Metaffer (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 3 7 [if death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernel Muite Single, MARRIED, WIDOWED, MODIFORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That I attended deceased from
Open (Month) (Day) (Year) AGE (Month) (Day) (Year)	that I last saw he alive on Affile 5 1912 and that death occurred on the date stated above, at 1 1 m
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Contributory
OF FATHER (State or country) 10 NAME OF FATHER Milliam Mixtu 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER Chaloth Elliot	(Signed) (Suration) yrs
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) (Address) Address)	OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Fied 30, 1913 S. J. Waller REGISTRAR If more blanks are needed, address State Regis trar, 6	20 UNDERTAKER ADDRESS BENGLAM E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('na) "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust it, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. childbirth or miscarriage, as "Purreneal scottchae. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic LENT-DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

